



LAKE COUNTY
**MHSA THREE-YEAR PROGRAM &
EXPENDITURE PLAN FOR FY 2020–2023**
BOARD OF SUPERVISORS PRESENTATION

September 15, 2020

Scott Abbott

Mental Health Services Act (MHSA)

- **History:** Proposition 63 passed November 2, 2004
- **State Funding:** Tax of 1% on income over \$1 million
- **Purpose:** To EXPAND & TRANSFORM mental health services in California



Purpose & Development of the Three-Year Plan

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Purpose of the Plan:

To **identify persistent mental health service gaps** and **develop strategies to address them** over the next three fiscal years

Development of the Plan:

- **Stakeholders:** Present individual perspectives and lived experiences and share reflections of emerging strategies
- **LCBHS & RDA:** Conduct needs assessment and community planning process; develop plan that is reflective of community needs, priorities, and identified strategies; submit plan
- **Board of Supervisors:** Review and approve the MHSA Three-Year Program and Expenditure Plan

COVID-19 Considerations

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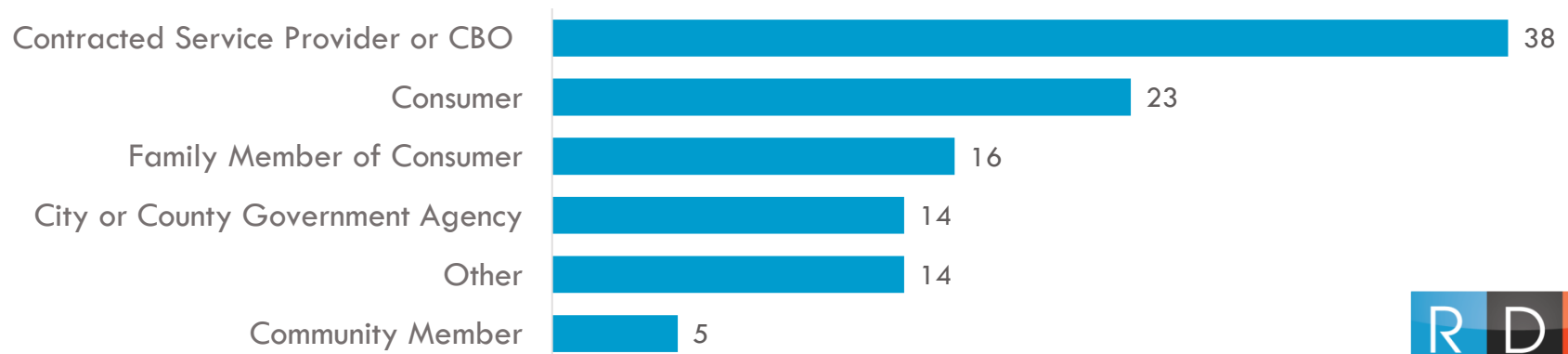
- As a result of COVID-19, the development of the three-year plan was slightly delayed.
- The CPP and needs assessment took place before COVID-19 and shelter-in-place.
- There is some uncertainty of MHSA funding moving forward. Over the next three fiscal years, the services and program modifications presented in this plan may need to adapt to the evolving funding landscape.

Needs Assessment & Community Planning Activities

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Activity	Date	Participants
Preliminary Context Interviews	November – January 2019	11
Community Meetings (4)	December 16-17, 2019	48
Community Survey	November 2019 – January 2020	17
Community Planning Session	January 30, 2020	49
Public Hearing	August 13, 2020	43
TOTAL		168

Survey and Community Meeting Stakeholders



Current MHSA Programs

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Community Services and Supports (CSS)

- Crisis Access Continuum
- Forensic Mental Health Partnership
- Full-Service Partnerships
- Older Adult Access
- Parent Partner Support
- Trauma-Focused Co-Occurring Disorder Screening & Treatment

Prevention & Early Intervention (PEI)

- Early Intervention Services
- Family Stabilization & Well-Being
- Older Adult Outreach & Prevention
- Peer Support Recovery Centers
- Postpartum Depression & Screening
- Prevention Mini-Grants
- Statewide, Regional, & Local Projects
- Early Student Support (Discontinued)

Workforce Education & Training (WET)

- Workforce Education & Training

Capital Facilities & Technology Needs (CFTN)

- Capital Facilities
- Electronic Health Record Project

Innovation (INN)

- Full Cycle Referral & Consumer-Driven Care Coordination

Needs Assessment Key Findings

Strengths



Dedicated providers offer high quality services. Consumers feel especially supported by providers with lived experience



Improved staffing capacity



Streamlined referral process and improved service delivery



Positive perceptions of programs for underserved populations (e.g., Peer Support Centers, Teen Mental Health First Aid, Mother-Wise)



Expanded services due to mini grants



Improved communication transparency from County leadership

Identified Needs



Increase service capacity and workforce retention



Offer training and support for first responders, mental health professionals



Increase wellness activities and awareness of existing services



Improve service access through peer navigation, transportation, and service decentralization



Address stigma at County clinics










Improve interagency coordination



Offer more targeted support for underserved populations

Proposed MHSA Program Modifications

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Community Services and Supports (CSS)	 Older Adult Access <ul style="list-style-type: none"> • Offer volunteer stipends and technical support
Prevention & Early Intervention (PEI)	 Peer Support Centers <ul style="list-style-type: none"> • Increase funding • Establish the Middletown Family Support Center • Transition staff from part to full time and expand services  <ul style="list-style-type: none"> • Hire five outreach workers for each center and older adults Mother-Wise <ul style="list-style-type: none"> • Consider hiring additional staff  Early Intervention Services <ul style="list-style-type: none"> • Expand services
Workforce Education & Training (WET)	 <ul style="list-style-type: none"> • Hire a coordinator • Provide infrastructure for training and staff development • Support staff retention • Participate in the Regional WET Partnership
Capital Facilities & Technology Needs (CFTN)	 <ul style="list-style-type: none"> • Improve clinic environments • Transition to a new EHR software
Innovation (INN)	 <ul style="list-style-type: none"> • Use the Whole Person Care pilot grant to support the new referral system

MHSA Budget Proposal

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MHSA Component	FY 20/21 Estimated Expenditures	FY 21/22 Estimated Expenditures	FY 22/23 Estimated Expenditures
All CSS Programs	\$4,505,000	\$4,505,000	\$4,505,000
All PEI Programs	\$1,053,140	\$1,053,140	\$1,053,140
All INN Programs	\$300,000	\$190,000	\$190,000
All WET Program	\$235,000	\$235,000	\$200,000
All CFTN Programs	\$450,000	\$0	\$0
Total	\$6,543,140	\$5,983,140	\$5,948,140

Estimated Local Prudent Reserve: **\$827,324**

Impact of COVID-19 on MHSA Funding

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- ❑ MHSA is funded by income tax on very few high-income earners, making revenue volatile
- ❑ Anticipate large decrease in FY19-20 funding and increase in FY20-21 funding due to delay of tax filing and payment deadlines
- ❑ Anticipate decrease in FY22-23 funding due to economic conditions in 2020
- ❑ Amount of county MHSA funding is not guaranteed

MHSA Funding Projections

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MHSA Estimated Component Funding (Cash Basis-Millions of Dollars)

	Fiscal Year				
	Actual	Estimated			
	18/19	19/20	20/21	21/22	22/23
CSS	\$1,501.4	\$1,250.4	\$1,544.6	\$1,477.8	\$1,108.0
PEI	\$375.3	\$312.6	\$386.2	\$369.4	\$277.0
Innovation	\$98.8	\$82.3	\$101.6	\$97.2	\$72.9
Total	\$1,975.5	\$1,645.3	\$2,032.4	\$1,944.5	\$1,457.9

MHSA Requirement Flexibility in Response to COVID-19

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- Flexibility in accessing prudent reserves
- Extend deadlines for:
 - 3-year plans
 - Annual updates
 - Revenue expenditure report (RER) submissions
- Flexibility to move funds within and between some MHSA components
- Flexibility with reversion deadlines

Sources: Mike Geiss, Presentation at Behavioral Health Fiscal Institute, June 17, 2020
MHSOAC Coalition Letter to the Governor and Legislative Leaders, May 2020

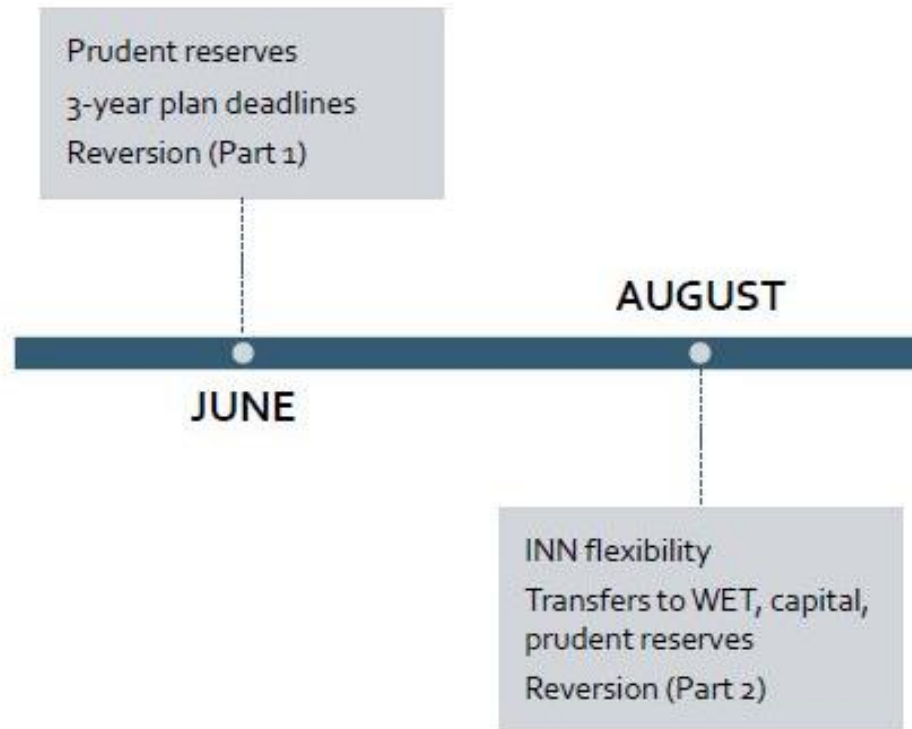


MHSA Requirement Flexibility in Response to COVID-19

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Two-Phase Budget Action on MHSA*

*planned as of June 2020



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MHSOAC Coalition Letter to the Governor and Legislative Leaders, May 2020

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Thank You!